

## City of Ft. Lauderdale Dental Plan Benefits

*For the savings you need, the flexibility you want and service you can trust.*

### Benefit Summary

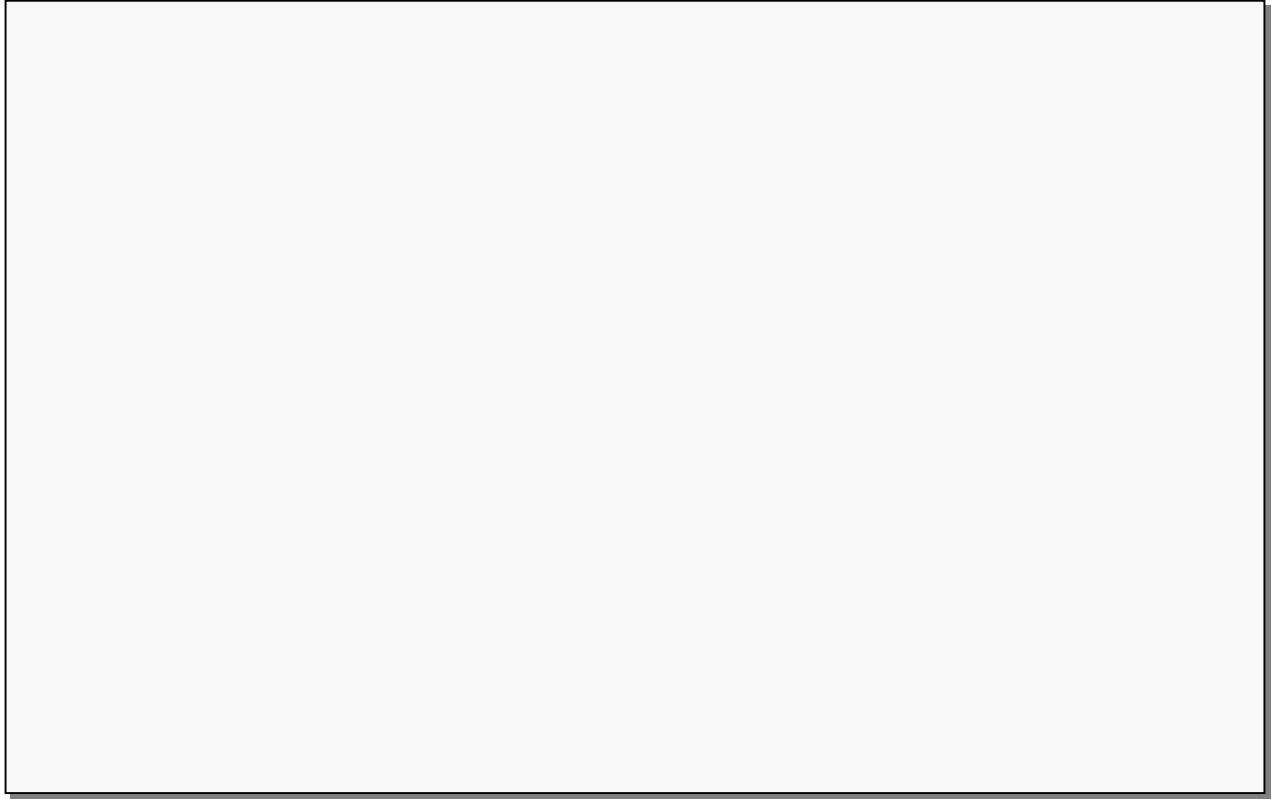
Coverage Type	PDP In-Network:	Out-of-Network:
Type A – (For example, cleanings, oral examinations and other maintenance type procedures)	100% of PDP Fee*	100% of R & C Fee**
Type B – (For example, fillings, and other standard dental procedures)	100% of PDP Fee*	100% of R & C Fee**
Type C – (For example, bridges and dentures, and other complex procedures)	60% of PDP Fee*	60% of R & C Fee**
Type D – orthodontia	60% of PDP Fee*	60% of R & C Fee**
<b>Deductible<sup>†</sup>:</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$0	\$0
Family	\$0	\$0
<b>Annual Maximum Benefit:</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum:</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$2,500	\$2,500
<b>Late Enrollment Waiting Period: NONE</b>		

\* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums.

\*\* R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

## PDP Savings Example

This hypothetical example\* shows how receiving services from a PDP (in-network) dentist can save you money.



\*Please note: This example assumes that your annual deductible has been met.

## Common Questions... Important Answers

### Who is a participating Preferred Dentist Program (PDP) dentist?

A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in-full for services provided to plan participants. PDP fees typically range from 10-35%<sup>‡</sup> below the average fees charged in a dentist's community for the same or substantially similar services.

<sup>‡</sup> Based on internal analysis by MetLife

### How do I find a participating PDP dentist?

There are nearly 110,000 participating PDP dentist locations nationwide, including over 25,000 specialist locations. You can get a list of these participating PDP dentists online at [www.metlife.com/dental](http://www.metlife.com/dental) or call 1-800-GET-MET8 to have a list faxed or mailed to you.

### What services are covered by my plan?

All services defined under your group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

### Does the Preferred Dentist Program (PDP) offer any discounts on non-covered services?

Yes. MetLife's negotiated fees with PDP (in-network) dentists extend to services not covered under your plan and services received after your plan maximum has been met. If you receive services from a PDP dentist that are not covered under your plan, you are only responsible for the PDP (in-network) fee.

### May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee for the service provided and your plan's payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

### Can my dentist apply for PDP participation?

Yes. If your current dentist does not participate in the PDP and you'd like to encourage him or her to apply, tell your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

### How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, you can find one online at [www.metlife.com/dental](http://www.metlife.com/dental) or request one by calling 1-800-GET-MET8.

### Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. With pre-treatment estimates, you never have to wonder what your out-of-pocket expense will be. MetLife recommends that you request a pre-treatment estimate for services in excess of \$300 (This often applies to services such as crowns, bridges, inlays, and periodontics.) To receive a benefit estimate, simply have your dentist submit a request for pre-treatment estimate online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9 (638-3379). You and your dentist will receive a benefit estimate (online or by fax) for most procedures *while you're still in the office*, so you can discuss treatment and payment options, and have the procedure scheduled on the spot. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provision in dental benefits plan is a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan.

**Alternate Benefits:** Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment upon which the plan benefit is based, your actual out-of-pocket expense will be: the procedure charge for the treatment upon which the plan benefit is based, plus the full difference in cost between the scheduled PDP fee or, if non PDP, the actual charge, for the service actually rendered and the scheduled PDP fee or R&C fee (if non PDP) for the service upon which the plan benefit is based. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plans reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Like most group health insurance policies, MetLife group policies contain certain exclusions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife for complete details.

L05083368(exp1209)(All States)(DC,GU,MP,PR,VI)